



MRN: _____

Phone: 1-800-809-1265 Fax: 1-866-872-8920

DOB: _____

Guidelines for Prescribing Nucala® (mepolizumab)

(Required documentation with all initial referrals)

Patient Name: _____

Referral Date: _____

___ Include signed and completed **Plan of Treatment**. (MD must complete sections 1-5 & note Peak Flow Range) (Infusion order forms & Standard Adverse Reactions orders are available at www.palmettoinfusion.com under Agency/MD tab)

___ Include patient demographic information and insurance information. (Copy of insurance cards if available)

___ **Supporting clinical MD notes to include any past tried and/or failed therapies, intolerance, outcomes or contraindications to conventional therapy. Include any documented use of inhaled or oral corticosteroids, glucocorticoids, theophylline, leukotriene modifiers, short or long acting beta-agonists. Any lab results and/or Pulmonary Function Tests to support diagnosis.**

- NUCALA® is an interleukin-5 antagonist monoclonal antibody (IgG1 kappa) indicated for: Add-on maintenance treatment of patients with severe asthma aged 12 years and older, and with an eosinophilic phenotype.

___ If patient is switching biologic therapies such as Xolair® or Cinqair®, then MD must specify wash-out period prior to starting NUCALA® as specified of _____ weeks.

Last known therapy: _____ and last known date received: _____.

___ Other as requested: _____

Pre-Screening:

___ **Blood Eosinophil Level** (Pre-treatment baseline count greater than or equal to 150 cells/mcL) (Absolute Eosinophil in K/ μ L x 1000 = cells/mcL)

**** Warnings/Precautions: Hypersensitivity reactions:** (e.g., anaphylaxis, angioedema, bronchospasm, hypotension, urticaria, rash) have occurred after administration of NUCALA®. Discontinue NUCALA® in the event of a hypersensitivity reaction. Do not use to treat acute bronchospasm or status asthmaticus. The most common adverse reactions (incidence \geq 5%) include headache, injection site reaction, back pain, and fatigue. **Herpes zoster infections:** have occurred in patients receiving NUCALA®. Consider vaccination if medically appropriate. **Helminth Infections:** Treat patients with pre-existing parasitic infections before therapy. If patients become infected while receiving treatment with NUCALA® and do not respond to anti-helminth treatment, then discontinue NUCALA® until parasitic infection resolves. **Corticosteroids:** Do not discontinue systemic or inhaled corticosteroids abruptly upon initiation of therapy. Decrease corticosteroids gradually, if appropriate. **Pregnancy/Breastfeeding:** Discuss Pregnancy or breastfeeding plans/risks prior to start of therapy. See full prescribing information.

Palmetto Infusion Services will complete insurance verification and submit all required clinical documentation to the patient’s insurance company for eligibility. Our office will notify you if any further information is required. We will review financial responsibility with the patient and refer them to any available Co-pay assistance as required. Thank you for the referral.

Please fax all information to 1-866-872-8920 or call 1-800-809-1265 for assistance.